

A National Action Plan for Child Injury Prevention

Reducing Fall-Related Injuries

Falls are the leading cause of non-fatal injuries for all children ages 0 to 19.¹ In 2010, 127 youth died from a fall. The unintentional fall-related death rate declined between 2001-2010 (from 0.26 per 100,000 population to 0.15 per 100,000 population).²

Falls are the leading cause of emergency room visits for nonfatal injuries. 2.8 million children visited emergency departments for fall-related injuries in 2010; 40 percent of them were toddlers. On average, over 275,000 children suffer traumatic brain injuries annually from falls.³

Most of these fall-related deaths and injuries are predictable and preventable.⁴

A National Action Plan

The Centers for Disease Control and Prevention (CDC) is committed to preventing child injury by supporting solutions that will save lives. The National Action Plan for Child Injury Prevention (NAP) was developed by CDC and more than 60 stakeholders to spark action across the nation.⁵

The overall goals of the NAP are to raise awareness about the problem of child injury and the effects on our nation, offer solutions by uniting stakeholders around a common set of goals and strategies, and mobilize action to reduce child injury and death. For more information and a copy of the NAP, please visit <http://www.cdc.gov/safechild/NAP/#learn>.

The NAP contains six domains that include goals and actions based on what we know, where we need to go, and how we can get there. See below for examples within each domain of what can be done to further reduce fall-related injuries among children.

Data and Surveillance—includes the ongoing and systematic collection, analysis, and interpretation of child health data for planning, implementing, and evaluating injury prevention efforts.

- Expand capacity to analyze existing data about falls, including tracking trends by location.
- Improve coding and classification of both where the fall happened and information on any products involved in the fall. This information can enhance our understanding of where and how children are injured.

Research—includes gaps in and priorities for risk factor identification, intervention, program evaluation, and dissemination strategies needed to reduce injuries.



- Increase research related to the specific risk and protective factors connected to fall injuries among children. For example, conduct research on the causes of falls that occur in the home. In addition, seek to identify which risk factors are easiest to change.
- Explore ways to make falls less catastrophic, such as by reducing the impact of the fall through more forgiving structures or use of protective gear.³

Communication— includes effective strategies to promote injury prevention to target audiences through designing messages and information and delivering them through relevant channels.

- Encourage widespread use of public information campaigns such as CDC’s Protect the Ones You Love initiative. This initiative is an effort to raise parents’ awareness about the leading causes of child injury in the United States and how they can be prevented. For more information, please visit www.cdc.gov/safechild.

Education and training—includes organized learning experiences for increasing knowledge, attitudes, and behavior change conducive to preventing injuries.

- Develop and evaluate child-care based curriculum to reduce falls among children in those settings; especially falls from heights such as cribs and playground equipment.
- Expand integration of child fall prevention recommendations into curricula for health care workers who already go into homes as part of a program. Possible programs include those for home visitation, weatherization, and healthy homes.

Health systems and health care—includes the health infrastructure required to deliver quality care and clinical and community preventive services.

- Work with health care providers to find efficient and effective means of routinely incorporating age-appropriate fall prevention recommendations into well child visits (e.g., discuss the use of stair gates and window guards to prevent falls).
- Build capacity through community preventive services and local health departments to integrate assessment of fall home hazards into other ongoing home assessments (e.g., lead poisoning).

Policy—includes laws, regulations, incentives, administrative actions, and voluntary practices that enable safer environments and decision making.

- Increase amount and use of protective devices. For example, review building codes to ensure construction that limits fall hazards (e.g., requiring handrails in all stairwells and American Society for Testing and Materials-compliant window guards for windows on second story or higher).
- Annually, emergency departments treat more than 200,000 children for playground-related injuries.⁶ Encouraging widespread adoption of the U.S. Consumer Product Safety Commission’s Public Playground Safety Handbook <http://www.cpsc.gov/cpscpub/pubs/325.pdf> can create a safer playground environment (e.g., the installation of protective surfacing can protect against fall related head injuries).

Moving Forward Together

Everyone—including parents, health care providers, educators, and community members—can take steps to prevent injury where they live, work, and play. We all have a part to play in the NAP and in protecting our children—America’s future.

To learn more about CDC’s work in child injury prevention, find references, or get your copy of the National Action Plan, [visit www.cdc.gov/safechild/NAP](http://www.cdc.gov/safechild/NAP).